

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: Texas

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-34
Supersedes 75-40 Approval Date JAN 1 1992 Effective Date OCT 01 1991
TN No. 75-40

HCFA ID: 7982E

STATE	<u>Texas</u>
DATE RECD	<u>DEC 11 1991</u>
DATE APPVD	<u>JAN 14 1992</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA ID:	<u>91-34</u>